



TEXAS DEPARTMENT OF INSURANCE

Division of Workers' Compensation - Medical Fee Dispute Resolution (MS-48)

7551 Metro Center Drive, Suite 100, Austin, Texas 78744-1645

(512) 804-4000 | F: (512) 804-4811 | (800) 252-7031 | TDI.texas.gov | @TexasTDI

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Memorial Compounding RX

Respondent Name

Utica National Insurance Co of Texas

MFDR Tracking Number

M4-18-0085-01

Carrier's Austin Representative

Box Number 1

MFDR Date Received

September 8, 2017

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "We have submitted our request for reconsideration and appeal for the above date of service and have not received payment."

Amount in Dispute: \$178.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: Submitted documentation does not include a position statement from the respondent. Accordingly, this decision is based on the information available at the time of review.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
January 13, 2017	Tramadol HCL 50 mg tablet	\$178.27	\$108.11

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code Rule §133.10 sets out billing requirements for health care claims.
3. 28 Texas Administrative Code Rule §133.20 sets out requirements of timely claim submission.
4. 28 Texas Administrative Code §134.503 sets out pharmacy fee guidelines.
5. 28 Texas Administrative Code §134.530 sets out requirements of closed formulary claims not subject to certified networks.
6. The carrier denied the service in dispute with the following reason codes:
 - 16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication (February 13, 2017)

- 29 – The time limit for filing has expired (July 25, 2017)

Issues

1. Did Utica National Insurance Co of Texas respond to the medical fee dispute?
2. Is the carrier's denial supported?
3. What is the applicable fee guideline?
4. Is the requestor entitled to additional reimbursement?

Findings

1. The Austin carrier representative for Utica National Insurance Co of Texas is JT Parker & Associates LLC. JT Parker & Associates acknowledged receipt of the copy of this medical fee dispute on September 15, 2017. 28 Texas Administrative Code §133.307 states, in relevant part:

(d) Responses. Responses to a request for MFDR shall be legible and submitted to the division and to the requestor in the form and manner prescribed by the division.

(1) Timeliness. The response will be deemed timely if received by the division via mail service, personal delivery, or facsimile within 14 calendar days after the date the respondent received the copy of the requestor's dispute [emphasis added]. If the division does not receive the response information within 14 calendar days of the dispute notification, then the division may base its decision on the available information.

Review of the documentation finds that no response has been received on behalf of Utica National Insurance Co of Texas from JT Parker & Associates LLC to date. The division concludes that Utica National Insurance Co of Texas failed to respond within the timeframe required by §133.307(d)(1). For that reason the division will base its decision on the information available.

2. The requestor is seeking \$178.27 for medication dispensed on January 13, 2017. The carrier denied as 16 – "Claim/service lacks information or has submission/billing error(s) which is needed for adjudication" and 29 – "The time limit for filing has expired."

28 Texas Administrative Code Rule §133.10 (3) (Q) – (Y) states in pertinent part,

The following data content or data elements are required for a complete pharmacy medical bill related to Texas workers' compensation health care:

- (Q) date filled (DWC-066/field 20) is required;
- (R) generic National Drug Code (NDC) code (DWC-066/field 21) is required when a generic drug was dispensed or if dispensed as written code '2' is reported in DWC-066/field 19;
- (S) name brand NDC code (DWC-066/field 22) is required when a name brand drug is dispensed;
- (T) quantity (DWC-066/field 23) is required;
- (U) days supply (DWC-066/field 24) is required;
- (V) amount paid by the injured employee (DWC-066/field 26) is required if applicable;
- (W) drug name and strength (DWC-066/field 27) is required;
- (X) prescription number (DWC-066/field 28) is required;
- (Y) amount billed (DWC-066/field 29) is required;

Review of the submitted DW066 finds the required elements were present at the time the claim was reviewed on February 13, 2017. The carrier's denial for "Claim/service lacks information or has submission/billing errors is not supported.

28 Texas Administrative Code Rule §133.20 (b) states in pertinent part,

Except as provided in Labor Code §408.0272(b), (c) or (d), a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided.

Review of the submitted documentation found evidence to support the claim in dispute was received January 20, 2017. The carrier's denial for "The time limit for filing has expired" is not supported. The claim in dispute will be reviewed per applicable fee guideline.

3. 28 Texas Administrative Code §134.503 (c)(1)(A) states,

(c) The insurance carrier shall reimburse the health care provider or pharmacy processing agent for prescription drugs the lesser of:

(1) the fee established by the following formulas based on the average wholesale price (AWP) as reported by a nationally recognized pharmaceutical price guide or other publication of pharmaceutical pricing data in effect on the day the prescription drug is dispensed:

(A) Generic drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.25) + \4.00 dispensing fee per prescription = reimbursement amount;

(B) Brand name drugs: $((\text{AWP per unit}) \times (\text{number of units}) \times 1.09) + \4.00 dispensing fee per prescription = reimbursement amount;

Name of Drug	NDC	Billed units	AWP	Allowable	Billed amount	Lesser of billed or allowable
Tramadol	65162062711	145	\$0.83290	\$108.11	\$178.27	\$108.11

4. The total allowable is \$108.11. This amount is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$108.11.

ORDER

Based on the submitted information, pursuant to Texas Labor Code Section 413.031 and 413.019 (if applicable), the division has determined the requestor is entitled to additional reimbursement for the disputed services. The division hereby ORDERS the respondent to remit to the requestor \$108.11, plus applicable accrued interest per 28 Texas Administrative Code §134.130 due within 30 days of receipt of this order.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

December 20, 2017

Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with Rule §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MFDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.